amendment

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

| Reporting Information

Fill in circle if amendment  $\otimes$ 

Year: 2013

Completely fill in one circle.

Print legible numbers and block letters, no script.

### COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

111 1 5 2013

Repor	rt Period:		O July/E	ecember		amended	ito whichede St	OF
Туре	of Lobbying: (	Nonprocurement	O Procu	rement C	Both	Correction		
Clien	t Filing Fee Che	ck Number: 5932						
II	Client Infor	mation						
MINISTER CO.	Charles and the Local Control of the	EALTHCARE ALLIANCE	Selection Selection (Control of the					NAMES AND ASSOCIATE SAME
I	o. moqoolaria	. The mental man						
Perm	anent Busines	s Address: 15 EXECU	TIVE PARK (	DRIVE				
City:	CLIFTON PARK			9	State:N	(	ZIP code:12065	
Busin	ess Phone:518	-383-5060		F	ax Nun	nber: 518-383-261	6	
Third	Party Benefici	ary (see instructions)	: N/A					
				AVGGERGGROUNDS THEORY OF BUTTON STORY	Minute Property and	24/10/27/3 (ATA)		TOTAL DESIGNATION OF THE PARTY
		Information &					y) w, regardless of whether the	ger agus Va estimo a actor
thresh	naiviauai or org nold was excee	ded by that individu	al or organ	ization.	eni musi	ре геропеа рею	w, regardless of whether the	
AT	ype of Lobbyi	st: O Retained	0	Employed	(	Designated		
L	evel of Gov't:	O State Lobby	ing O	Local Lobby	ing (	) Both		
N	lame:					Phone Numbe	er:	
A	ddress:							18
	City:					State:	ZIP code:	
	Compensation	for current period:	\$	.00				
B T	ype of Lobbyis	st: O Retained	0	Employed	(	Designated		
L	evel of Gov't:	O State Lobby	ing O	Local Lobby	ing (	) Both		
	lame:					Phone Number	er:	
A	Address:							
	City:					State:	ZIP code:	
		for current period:		.00				
CT	ype of Lobbyi	st: O Retained	0	Employed		<ul><li>Designated</li></ul>		
L	evel of Gov't:	O State Lobby	ing O	Local Lobby	ing	○ Both		
N	ame:					Phone Number	er:	
A	ddress:							
0	city:					State:	ZIP code:	
		for current period:	\$	.00				
000	ontinued on atte	ached pages					property and all the contract of the contract	
D T	OTAL COMPE	NSATION of ALL IO	obyists fo	r current peri	iod	(A+B+C+adde	endum sheets): \$	.00

IV Other Expenses (Cur	rent	Sem	i-Annuc	ıl Perioc	(Only					
A Report in the aggregate all ex	pense	es less th	nan or equa	al to \$75:			\$			.00
B Report in the aggregate all exp	oense	s for sa	laries of nor	n-lobbying	employee	S:	\$			.00
C Itemize each expense exceed	ling \$	75:								
PAID TO:				DATE:	/	-/		0	Ad	O Social Ever
PURPOSE:				AMOUN	T: \$		.00	0	*Adde	ndum attached
O PROCUREMENT O NONE	PROC	UREM	ENT							
PAID TO:				DATE:	/	/		0	Ad	O Social Ever
PURPOSE:				AMOUN	T: \$		.00	$\bigcirc$	*Adde	ndum attached
O PROCUREMENT O NONE	PROC	UREM	ENT							
O Continued on attached										
<ul> <li>If any expense listed abo expense, dollar amount of</li> </ul>	ve ex attribu	ceeds utable	\$75 for an to the indiv	individual, vidual and	you must the name	atta	ch the a and em	dde: ploy	ndum po er of the	age listing the e individual.
D Total expenses for current pe	eriod	: \$	Appalainte resolute ( resolute anni va	.00 (if ap	plicable, i	nclud	e all exp	ense	s from a	ttached pages in tot
		Loonessee	Marie Co. T. E. Company Co. (1997)	noncomment .						
V Source of Funding Di										
In the event only of event multiple per	sons o	erson o or entiti	r entity is lis es have be	ted as the ten aggrega	single Sou ated as a S	rce fo Single	Source	or a	on(s), us Contribu	e Section A. In the ution(s), use Section B
A Below, list all Contraction	ributio	ons rece	eived from t	the Single S	ource. Inc	clude have	the date	and	the am	ount of the Contributi section V(C) of the
Addendum for the	addi	tional C	ontribution	S.						
Contribution(s) from Single Sou										
Single Source Entity's Name: <sub>LE\</sub> or		YTNUC	GENERAL H	OSPITAL						
Single Source Person's Last Nar	me:				First	Nam	e:			
Address: 7785 NORTH STATE STREE	ET									
City: LOWVILLE					State	e:NY				ZIP code:13367
Phone: 315-376-5200										
Date Contribution Received:	4	/17	/ 2013		nount of (					.00
Date Contribution Received:	1	/ 24	/ 2013		nount of					.00
Date Contribution Received:	1	/ 24	/ 2013		nount of			5000	437.90	.00
Date Contribution Received:		/	/	An	nount of	Cont	ribution:	\$		.00
Date Contribution Received:		/	/		nount of		ribution:	\$		.00
Check here if using section V(C) o	f the	Adden	dum for add	ditional Cor	tributions:					
Contribution(s) Single Source #	2									
Single Source Entity's Name: ST.	. ELIZ	ABETH A	MEDICAL CE	NTER						
or Single Source Person's Last Nar	me:				First	Nam	e:			
Address: 2209 GENESEE STREET										
City: UTICA					State	e: NY				ZIP code: 13501
Phone: 315-798-8100	140									
Date Contribution Received:	4	/ 29	/ 2013	Ar	nount of	Cont	ribution:	\$ 3	981.80	.00
Date Contribution Received:	6	/ 10	/ 2013	Ar	nount of	Cont	ribution:	\$ 3	981.80	.00
Date Contribution Received:		/	/	Ar	nount of	Cont	ribution:	\$		.00
Date Contribution Received:		/	/	Ar	nount of	Cont	ribution	\$		.00.
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding D	)isc	losur	<b>2</b> ,		
A Below, list all Con received.	itribut	ions re	ceived from th	ne Single Source. Include the date and the a	mount of the Contribution
Contributions from Single Sour	ce#	3			
Single Source Entity's Name: A			EDICAL CENTE	R	
or Single Source Person's Last No		TI DE W	LDICAL CLIVIL	First Name:	
Address: 133 PARK STREET				riisi name.	
City: MALONE				State: NY	710
Phone: 518-483-3000				Sidile. MY	ZIP code:12953
Date Contribution Received:	4	/19	/2013	Amount of Contribution: \$2504.29	.00
Date Contribution Received:	6	/17	/ 2013	Amount of Contribution: \$2504.29	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	
Date Contribution Received:		/	7	Amount of Contribution: \$	.00
Date Contribution Received:		/	,	Amount of Contribution: \$	.00
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Contributions from Single Source					
Single Source Entity's Name: CA			DAM HOSDITA	L	
or		111015	DAMINOSPITA		
Single Source Person's Last Nat	me:			First Name:	
Address: 50 LEROY STREET City: POTSDAM				1000 C 1 12000	
Phone: 315-265-3300				State: NY	ZIP code:13676
Date Contribution Received:		,	,		
	4	/ 4	/ 2013	Amount of Contribution: \$ 2592.29	.00
Date Contribution Received:	4	/ 29	/ 2013	Amount of Contribution: \$ 2592.29	.00
Date Contribution Received:		1	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	. /	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
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Contributions from Single Sourc					
Single Source Entity's Name: LO or	URDE	S HOSP	ITAL		
o. Single Source Person's Last Nar	ne:			First Name:	
Address: 169 RIVERSIDE DRIVE					
City: BINGHAMTON				State: NY	ZIP code:13905
Phone: 607-798-5111					2 0000.13903
Date Contribution Received:	4	/1	/ 2013	Amount of Contribution: \$5502.03	.00
Date Contribution Received:	5	/24	/ 2013	Amount of Contribution: \$5502.03	.00
Date Contribution Received:		/	7	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Sour	100				
Single Source Entity's Name: A	UBUF	RN COM	MUNITY HOSPI	TAL	
or Single Source Person's Last No				First Name:	
Address: 17 LANSING STREET					
City: AUBURN				State: NY	ZIP code:13021
Phone: 315-255-7011				9010013030013 • • • •	2.1 0000.13021
Date Contribution Received:	4	/17	/2013	Amount of Contribution: \$2678.83	.00
Date Contribution Received:	6	/26	/ 2013	Amount of Contribution: \$2678.83	
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Check here if using section V(C)	of the	Adden	dum for addit	ional Contributions:	
Contributions from Single Source	ce#	7			
ingle Source Entity's Name: 0			ТН		
or ingle Source Person's Last Na				First Name	
Address: 110 WEST SIXTH STREET	iiic.			First Name:	
City: OSWEGO				State, NV	
Phone: 315-349-5511				State: NY	ZIP code:13126
Date Contribution Received:	3	/ 4	/ 2013	Amount of Contribution: \$ 2851.75	00
Pate Contribution Received:		/ 22	/ 2013	Amount of Contribution: \$ 2851.75	
Date Contribution Received:	7	/	/ 2013	Amount of Contribution: \$ 2851.75	
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	1	Amount of Contribution: \$	.00
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Contributions from Single Source			asin for adding	onal commonons.	
ngle Source Entity's Name: CC			10011		
		SIA MEN	IORIAL HOSPIT	AL	
ngle Source Person's Last Nar	ne:			First Name:	
ddress: 71 PROSPECT AVENUE					8
ity: HUDSON				State: NY	ZIP code:12534
hone: 518-828-7601					
ate Contribution Received:	4	/15	/ 2013	Amount of Contribution: \$3026.13	.00
ate Contribution Received:	5	/13	/ 2013	Amount of Contribution: \$3026.13	.00
ate Contribution Received:		/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Sour	ce #	× 9			
Single Source Entity's Name: A	.O. FC	X MEMO	ORIAL HOSPITA	L	
or Single Source Person's Last Na				First Name:	
Address: ONE NORTON AVENUE					
City: ONEONTA				State: NY	ZIP code:13820
Phone: 607-432-2000					13020
Date Contribution Received:	3	/13	/ 2013	Amount of Contribution: \$3049.	75 .00
Date Contribution Received:	3	/13	/ 2013	Amount of Contribution: \$3049.	75 .00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	1	Amount of Contribution: \$	.00
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Contributions from Single Source	ce#	10			
Single Source Entity's Name: CL		7.0	BURN MEDICAL	CENTER	
or Single Source Person's Last Na					
Address: 214 KING STREET	1110.			First Name:	
City: OGDENSBURG				State: NY	710
Phone: 315-393-3600				State. W	ZIP code:13669
	1	17	/ 2013	Amount of Contribution: \$ 3049.	75 .00
Date Contribution Received:	- 60	/ 15	/ 2013	Amount of Contribution: \$3049.	
Date Contribution Received:		/ 10	/ 2013	Amount of Contribution: \$3049.	
Date Contribution Received:	O	/ 10	/ 2013	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
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Contributions from Single Source					
ingle Source Entity's Name: NA			JER HOSPITAL		
or ingle Source Person's Last Nar				First Name:	
ddress: 99 EAST STATE STREET				The state of the s	
City: GLOVERSVILLE				State: NY	ZIP code:12078
hone: 518-725-8621				The state of the s	
ate Contribution Received:	3	/4	/ 2013	Amount of Contribution: \$3049,7	.00
ate Contribution Received:	4	/22	/ 2013	Amount of Contribution: \$3049,7	
		/	/	Amount of Contribution: \$	.00
ate Contribution Received:					
Date Contribution Received:		/	/	Amount of Contribution: \$	.00

Designated Addendum sheet for section V(A)

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Mary Tark	rce of Funding Disclosure	-89
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A	Below, list all Contributions received from the Single Source received.	Include the date and the amount of the Contribution

Contributions from Single Source						
Single Source Entity's Name: FA	XTO	N ST. LU	KE'S HEALTHO	ARE		
or Single Source Person's Last Nar				First Name:		
Address: 1656 CHAMPLIN AVENUE						
City: UTICA				State: NY	ZIP code:13503	
Phone: 315-624-6000						
Date Contribution Received:	2	/28	/2013	Amount of Contribution: \$5705.46	.00	
Date Contribution Received:	4	/19	/2013	Amount of Contribution: \$5705.46		
Date Contribution Received:		/	/	Amount of Contribution: \$	.00	
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Contributions from Single Sourc	e #	19				
Single Source Entity's Name: GL			OSPITAL			
or Single Source Person's Last Nan						
Address: 100 PARK STREET	He.			First Name:		
City: GLENS FALLS			3.60	OL A NIV	ACCRECATION OF THE PROPERTY OF	
Phone: 518-926-1000				State: NY	ZIP code:12801	
Date Contribution Received:	-	10	1	Among and of Countries II	4140	
Date Contribution Received:	3	/8	/ 2013	Amount of Contribution: \$5910.62		
Date Contribution Received:	4	/ 15	/ 2013	Amount of Contribution: \$5910.62		
Date Contribution Received:		/	,	Amount of Contribution: \$	.00	
Date Contribution Received:		1	/	Amount of Contribution: \$	.00	
	i Alba	/ ^	/	Amount of Contribution: \$	.00	10.55
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Contributions from Single Source						
ingle Source Entity's Name: ELL or	IS ME	DICINE				
ingle Source Person's Last Nam	ne:			. First Name:		
ddress: 1101 NOTT STREET						
City: SCHENECTADY				State: NY	ZIP code:12308	
hone: 518-243-4000					,2000	
ate Contribution Received:	6	/14	/ 2013	Amount of Contribution: \$6522.83	.00	
ate Contribution Received:		1	/	Amount of Contribution: \$	.00	
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а.	₹#	Source of Funding Discl	hechological parts
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A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Sou						
Single Source Entity's Name: S	T. JOS	SEPH'S H	IOSPITAL HEALT	TH CARE		
or Single Source Person's Last No				First Name:		
Address: 301 PROSPECT AVENUE						
City: SYRACUSE				State: NY		ZIP code:13203
Phone: 315-448-5111						Zii Code.13203
Date Contribution Received:	3	/4	/2013	Amount of Contribution:	\$6866.57	.00
Date Contribution Received:	4	/16	/2013	Amount of Contribution:		.00
Date Contribution Received:		/	/	Amount of Contribution:		.00
Date Contribution Received:		/	/	Amount of Contribution:		.00
Date Contribution Received:		/	/	Amount of Contribution:	6	.00
Check here if using section V(C)	of the	Adden	dum for additi		100	
Contributions from Single Sour	ce#	22				
Single Source Entity's Name: B			CAL CENTER			
or Single Source Person's Last Na				First Manager		
Address: ONE ATWELL ROAD	ilio.			First Name:		
City: COOPERSTOWN				State: NY		710
Phone: 607-547-3921				Stule, M		ZIP code:13326
Date Contribution Received:	3	/ 20	/ 2013	Amount of Contribution:	\$ 7058 10	.00
Date Contribution Received:	5	/ 8	/ 2013	Amount of Contribution:		.00
Date Contribution Received:	-	/	/	Amount of Contribution:		.00
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Contributions from Single Source						
ingle Source Entity's Name: AL	BANY	MEDIC	AL CENTER HOS	ΡΙΤΔΙ		
) i		TTLDIC	TE CENTEN HOS			
ingle Source Person's Last Nar				First Name:		
ddress: 43 NEW SCOTLAND AVEN	UE					
City: ALBANY				State: NY		ZIP code:12208
hone: 518-262-3125 rate Contribution Received:	-	/	1			
rate Contribution Received:	3	/7	/ 2013	Amount of Contribution: \$		.00
pate Contribution Received:	5	/17	/ 2013	Amount of Contribution: 5		.00
Date Contribution Received:		/	/	Amount of Contribution: 9		.00
Date Contribution Received:		1	1	Amount of Contribution: \$		.00
THE CONTROLLING PACAIVAGE		/	/	Amount of Contribution: \$		.00

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet. V Source of Funding Disclosure

A Below, list all Contribu	tions rec	eived from	the Single Source. Include the date and th	ne amount of the Contribution
	V OI	ſ		
Contributions from Single Source #	f) (1)			
Single Source Entity's Name: UPSTA	ATE UNIVE	RSITY HOSE	PITAL	
Single Source Person's Last Name:			First Name:	
Address: 750 EAST ADAMS STREET				
City: SYRACUSE			State: NY	ZIP code:13210
Phone: 315-464-5540				
Date Contribution Received: 5	/1	/ 2013	Amount of Contribution: \$2424	.34 .00
Date Contribution Received: 4	/22	/ 2013	Amount of Contribution: \$4122	1.41 .00
Date Contribution Received:	1	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Contributions from Single Source #	ŧ			
Single Source Entity's Name:			3	
or Single Source Person's Last Name:			First Name:	
Address:				
City:			State:	ZIP code:
Phone:				
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Contributions from Single Source #	ŧ			
Single Source Entity's Name:				
or Single Source Person's Last Name:			First Name:	
Address:				
City:			State:	ZIP code:
Phone:				
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities. Single Source #1 Related or Affiliated Entity or Person: UNITED HEALTH SERVICES Entity's or Person's Full Name: Entity's or Person's Address: 33-57 HARRISON STREET, JOHNSON CITY, NY 13790 Entity's or Person's Phone: 607-763-6000 Dates and Amounts of Contributions from Entity or Person: /2013 Amount of Contribution: \$7748.97 Date Contribution Received: 3 /8 .00 Date Contribution Received: 5 .00 /3 /2013 Amount of Contribution: \$ 7748.97 Date Contribution Received: 1 Amount of Contribution: \$ .00 Date Contribution Received: 1 Amount of Contribution: \$ .00 Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Entity or Person: Date Contribution Received: Amount of Contribution: \$ .00 Single Source #2 Related or Affiliated Entity or Person: SAMARITAN HOSPITAL Entity's or Person's Full Name: Entity's or Person's Address: 2215 BURDETT AVENUE, TROY, NY 12180 Entity's or Person's Phone: 518-271-3300 Dates and Amounts of Contributions from Entity or Person: Date Contribution Received: 3 /1 /2013 Amount of Contribution: \$3458.53 .00 Date Contribution Received: /2013 Amount of Contribution: \$3458.53 00 /18 .00 Date Contribution Received: 1 Amount of Contribution: \$ Date Contribution Received: / / Amount of Contribution: \$ .00 Related or Affiliated Entity or Person: ALBANY MEMORIAL HOSPITAL Entity's or Person's Full Name: Entity's or Person's Address: 600 NORTHERN BOULEVARD, ALBANY, NY 12204 Entity's or Person's Phone: 518-471-3221 Dates and Amounts of Contributions from Entity or Person: .00 Date Contribution Received: 3 14 /2013 Amount of Contribution: \$3049.75 Date Contribution Received: /26 /2013 Amount of Contribution: \$3049.75 .00 Date Contribution Received: 1 Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## Source of Funding Disclosure

В Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

	single source information for a Co	ומוזוח	mon(s)	rom mult	iple, Related, or Affiliated Enti	ties.	
Single So							
Related	or Affiliated Entity or Person: SUNNYVIE	W RE	HABILITA	TION HO	SPITAL		
Er	ntity's or Person's Full Name:						
Er	ntity's or Person's Address: 1270 BELMC	NT A	VENUE, S	CHENEC	TADY, NY 12308		
Er	ntity's or Person's Phone: 518-382-4500	)					
De	ates and Amounts of Contributions fr			Person:			
	Date Contribution Received:	2	/28	/2013	Amount of Contribution:	\$ 2477.54	.00
	Date Contribution Received:	4	/18	/2013	Amount of Contribution:	\$ 2477.54	.00
	Date Contribution Received:		/	/	Amount of Contribution:	\$	.00
	Date Contribution Received:		/	/	Amount of Contribution:	\$	.00
	or Affiliated Entity or Person:						
	tity's or Person's Full Name:						
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbled:
Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbled:
O Continued a settle	
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	Continued on attached pages
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.	
X SIGNATURE: Weld & July	DATE: July 12, 2013
PRINT NAME: LAST DENNIS  TITLE: SENIOR VICE PRESIDENT, CFO/COO	FIRST DEBORAH
Mark One:   Chief Administrative Officer   Designee(Attach Letter)	
The following MUST be attached to this report at the time of submission: You must attach a \$50 dollar filing fee to each semi appeal as well as the following must attach a \$50 dollar filing fee to each semi appeal as well as the filing fee to each semi appeal as well as the filing fee to each semi appeal as the filing fee to each s	

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.